

MAR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

 County Miller
 Township Richwood
 City Ibri (No.

 Registration District No. 562
 Primary Registration District No. 4331

 File No. 7263
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Martha Jane Shark

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rueben W. Shark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 - 1856
 7. AGE YEARS 81 MONTHS 34 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo. (STATE OR COUNTRY)13. NAME William Shelton14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)15. MAIDEN NAME Follyann Lawson16. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo. (STATE OR COUNTRY)17. INFORMANT B. O. Shark (ADDRESS) Ibri, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ibri DATE 2/5 - 3719. UNDERTAKER C. L. Gray (ADDRESS) Ibri20. FILED Mar 1, 1937 Mo. W. A. Van Grump Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3 - 193722. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1937, to Feb 3, 1937I last saw him alive on Feb - 3, 1937. Death is saidto have occurred on the date stated above, at 8:40 p. m.

The principal cause of death and related causes of importance were as follows:

Branchio-pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. W. Duncan, M. D.(Address) Ibri, Mo.

100-100000

D